



94/2615

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

7

| | |
|----------------------|-----------------------|
| Application Number | 09/458,109 |
| Filing Date | December 8, 1999 |
| First Named Inventor | Wayne Huang |
| Art Unit | 2615 |
| Examiner Name | Christopher O. Onuaku |

Attorney Docket Number

CT-317

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Request for Withdrawal as Attorney (in triplicate); Attachment to Request for Withdrawal as Attorney or Agent (in triplicate). |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

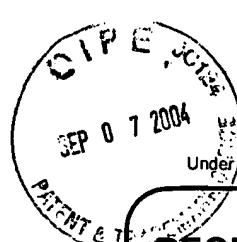
| | |
|-------------------------|-----------------------------------|
| Firm or Individual name | David B. Ritchie, Reg. No. 31,562 |
| Signature | |
| Date | 9-3-04 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | Beatrice Orozco | Date | 9-3-04 |
| Signature | | | |

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------------|
| Application Number | 09/458,109 |
| Filing Date | December 8, 1999 |
| First Named Inventor | Wayne Huang |
| Art Unit | 2615 |
| Examiner Name | Christopher O. Onuaku |
| Attorney Docket Number | CT-317 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Per Client instructions to transfer case

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number

OR

| | | | | | |
|---|---|------------------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Intel Corporation | | | | |
| Address | 2200 Mission College Blvd. | | | | |
| Address | | | | | |
| City | Santa Clara | State | CA | Zip | 95052 |
| Country | US | | | | |
| Telephone | 408-765-6886 | Fax | 408-653-9703 | | |
| Name | David B. Ritchie | | | | |
| Signature |  | Registration No. | 31,562 | | |
| Date | 1-3-04 | Telephone No. | 408-292-5800 | | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attachment to Request for Withdrawal as Attorney or Agent

Additional Attorneys Withdrawing:

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